U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

# FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 13/5 4		2. Fiscal Year Covered From:			
·			1 / 1 / 2004 Through: 12 / 31 / 2004		
3. Name and address of person filing.		4. Name,	file number, and add	ress of labor orga	anization.
Name Charles T LeConche		Name	Connecticut L	aborers' Di	strict Council
		Labor (	organization File Num	ber 063-522	2
P.O. Box, Bldg., Room No., if any P O Box 9107	e a a a a a a a a a a a a a a a a a a a	P.O. Bo	x, Building and Roor	n Number, if any	
Street		Street	475 Ledyard S	treet	
City Wethersfield	a a ta	City	Hartford		
State   Connecticut   ZIP Code +	4 06109	State	Connecticut		ZIP Code + 4 06114
5. Position in labor organization.	a and review agency beam which for James Andrews (Andrews of Medical School) of the Angels Andrews of the Angels Angels and the Angels	gambafadedere e Andreit e er senes gamme	erre winning are seen in the management of the control of the cont	e de formande des comicina de reducer and activa de se producer en la sed. Este el re	
monetary value from an employer whose employer  6. Name and address of Employer (including trade name, if  Name  Trade Name, if any:		· · · ·	ents or is actively s		sent.
P.O. Box, Bldg., Room No., if any		7.b. Amor	mt.	te financia e naziona di suma con mana cara con	
Street	The second secon				
City	e and each material statement and production of the statement of the state		To the second se		\$0
State ZIP Code +	4				
	Sign	nature			
15. Signature and verification. The undersigned declar submitted in this report (including the information contain undersigned's knowledge and belief, true, correct, and c	ed in any accompany	ina docume	nts), has been exami	ned by the signat	that all of the information tory and is, to the best of the
Signed Chy Hesselm		On <u>[</u>	leg 15/05	860 0	<b>296-8697</b> elephone Number

Name of Person Filing Charles LeConche		File Number U-					
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.							
8. Name and address of Business (including trade name, if any).  Name Connecticut Laborers' Health Fund  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street 435 Captain Thomas Boulevard  City West Haven  State Connecticut ZIP Code + 4 06516	9. Business deals with:  a. Labor Organization b. Trust c. Employer	tion					
10. If 9.b. or 9.c. is checked give trust or employer's name.  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any	11.a. Nature of such dealing Provide health bendered		•				
Street  City  State  ZIP Code + 4	11.b. Approximate dollar valu  12.a. Nature of interest held  Expense reimbursem  International Found  conference from 3-	d or income received. ent in connection dation of Employ					
	12.b. Amount.		\$6,783				
C. Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money	r parts A and B above) or other thing of value.						
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.						
Name			o de semental de la company de				
Trade Name, if any:	and the same of th		The state of the s				
P.O. Box, Bldg., Room No., if any  Street  City  State  ZIP Code + 4		erenmenter kuntum (* moter som en beskelet (* ), in « ) et « ), <sup>18</sup> vindenskelet					
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.		\$0				

Name of Person Filing Charles	LeConche	File Number U-	

Name and address of Business (including trade name, if any).	9. Business deals with:	
Name Connecticut Laborers' Health Fund	a. Labor Organization	
Trade Name, if any:	A LLESS GIGGINIZATION	
P.O. Box, Bldg., Room No., if any	b. Trust	
Street 435 Captain Thomas Boulevard	c. Employer	
City West Haven		
State Connecticut ZIP Code + 4 06516		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	
Name	Provide health benefits to members	•
Trade Name, if any:		TOTAL SECTION AND AND AND AND AND AND AND AND AND AN
P.O. Box, Bldg., Room No., if any		
Street		The control of the co
City		Annual Property of the Control of th
State ZIP Code + 4	11.b. Approximate dollar value of such dealing.	\$0
	12.a. Nature of interest held or income received.	
	Individual value of dinner meeting each attendee.	allocated to
	12.b. Amount.	\$38

Name of Person Filing Charles	LeConche	File Number U-

8. Name and address of Business (inclu	ding trade name, if any).	9. Business deals with:		
Name Connecticut Laborers' Health Fund		a. Labor Organization		
Trade Name, if any:		a. Labor Organization		
P.O. Box, Bldg., Room No., if any		b. Trust		
Street 435 Captain Thomas Bou	llevard	c. Employer		
City West Haven	Annual for annual control for the second			
State Connecticut	ZIP Code + 4 06516			
10. If 9.b. or 9.c. is checked give trust or em	ıployer's name.	11.a. Nature of such dealing.		
Name		Provide health benefits to members		
Trade Name, if any:	1-50-10 (AN) 1-2-2-2-10-2-10-2-10-2-10-2-10-2-10-2-1			
P.O. Box, Bldg., Room No., if any			po u università del mante	
Street			Annual natural section of the sectio	
\$	$\sum_{i=1}^{n} \sum_{j=1}^{n} \sum_{i=1}^{n} \sum_{j=1}^{n} \sum_{j=1}^{n} \sum_{i=1}^{n} \sum_{j=1}^{n} \sum_{i=1}^{n} \sum_{j=1}^{n} \sum_{j=1}^{n} \sum_{j=1}^{n} \sum_{i=1}^{n} \sum_{j=1}^{n} \sum_{i=1}^{n} \sum_{j=1}^{n} \sum_{i=1}^{n} \sum_{j=1}^{n} \sum_{j$		T manufactura de la companiona de la compa	
City			учествення в при	
State	ZIP Code + 4	11.b. Approximate dollar value of such dealing.	\$0	
		12.a. Nature of interest held or income received.	rang tu usuna asabipanya asun nanbahun menengan menengah bahasan sebelah	
		Individual value of dinner meeting each attendee.	allocated to	
		12.b. Amount.	\$114	
	,	l		

Name of Person Filing Charles	LeConche		File Number U-	

8. Name and address of Business (incl	uding trade name, if any).	9. Business deals with:	
Name Connecticut Laborers' Pension Fund  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street 435 Captain Thomas Boulevard  City West Haven		a. Labor Organization  b. Trust  c. Employer	
State Connecticut	ZIP Code + 4 06516		
10. If 9.b. or 9.c. is checked give trust or e	mployer's name.	11.a. Nature of such dealing.	
Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street  City		Provide pension benefits to member	S.
State	ZIP Code + 4	11.b. Approximate dollar value of such dealing.	\$0
		12.a. Nature of interest held or income received.	
		Expense reimbursement in connection the Segal Advisors 2004 Conference	n with attending
		12.b. Amount.	\$4,515

Name of Person Filing Charles	LeConche	File Number U-	
<b></b>			

8. Name and address of Business (including	trade name, if any).	9. Business deals with:	
Name New England Laborers Tra.  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street 37 East Street  City Hopkinton	The second secon	a. Labor Organization b. Trust c. Employer	
10. If 9.b. or 9.c. is checked give trust or employ	ver's name.	11.a. Nature of such dealing.	
Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street  City		Provide training to members.	
State	IP Code + 4	11.b. Approximate dollar value of such dealing.	\$0
		12.a. Nature of interest held or income received.	
		Expense reimbursement in connection annual Tri-Fund Conference.	n with the 2004
		12.b. Amount.	\$5,499

Name of Person Filing Charles	LeConche	File Number U-

		11.11
8. Name and address of Business (including trade name, if any).	9. Business deals with:	
Name New England Laborers Traing Trust Fund	a. Labor Organization	
Trade Name, if any:	governous de Tourse	
P.O. Box, Bldg., Room No., if any	b. Trust	
Street 37 East Street	c. Employer	
City Hopkinton		
State Massachusetts ZIP Code + 4 01748		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	
Name	Provide training to members.	
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any		
Superior of the control of the contr		and the second s
Street		Constitution of the Consti
City		
State ZIP Code + 4	11.b. Approximate dollar value of such dealing.	\$0
	12.a. Nature of interest held or income received.	engezek oruz ann en e e niversorien skiem ez engere pez engezen zen en en egiz ekineng.
	Individual value of dinner meeting each attendee.	allocated to
		The second secon
		d between the second
		operator and the second and the seco
		A) - make - score
	12.b. Amount.	\$62

Name of Person Filing Charles LeConche File Number U-	

8. Name and address of Business (in	cluding trade name, if any).	9. Business deals with:	
Name New England Laborers	s Traing Trust Fund	a. Labor Organization	
Trade Name, if any:			
P.O. Box, Bldg., Room No., if any		b. Trust	
Street 37 East Street		c. Employer	
City Hopkinton			
State Massachusetts	ZIP Code + 4 01748		
10. If 9.b. or 9.c. is checked give trust or	employer's name.	11.a. Nature of such dealing.	
Name		Provide training to members.	
Trade Name, if any:		verent	VV VVIII AAAA
P.O. Box, Bldg., Room No., if any		The state of the s	army or an artistation of the control of the contro
Street		gan and a second	re-way from the same of the sa
City			And the second s
State	ZIP Code + 4	11.b. Approximate dollar value of such dealing.	\$0
		12.a. Nature of interest held or income received.	# Common Commission on the Commission and Commission and Commission and Commission of Commission of Commission
		Value of holiday gift basket.	
		12.b. Amount.	\$67

Name of Person Filing Charles	LeConche	File Number U-

a Name and address of Business (in	actuding trade name if an	···	9. Business deals with:	
8. Name and address of Business (in Name NE Laborers' Labor in Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street 226 South Main Street City Providence  State Rhode Island	Management Co-op Tr	LECET	a. Labor Organization  b. Trust  c. Employer	
	r employers name		11.a. Nature of such dealing.	- Industrial Control of the Control
10. If 9.b. or 9.c. is checked give trust o  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street  City	remployers name.		To secure projects and jobs, incremarket share, advertise their serv workplace, and advances shared marinterests.	rices, develops a
State	ZIP Code + 4		11.b. Approximate dollar value of such dealing.	\$0
			12.a. Nature of interest held or income received.	By any to a common to contain the management of the second
			Individual value of dinner meeting each attendee.	allocated to
			12.b. Amount.	\$96

Name of Person Filing Charles	LeConche	File Number U-

8. Name and address of Business (inclu	ding trade name, if any).	9. Business deals with:	
Name Connecticut Laborers'	Health Fund	a. Labor Organization	
Trade Name, if any:			
P.O. Box, Bldg., Room No., if any		b. Trust	
Street 435 Captain Thomas Bou	llevard	c. Employer	
City West Haven			
State Connecticut	ZIP Code + 4 06516		
10. If 9.b. or 9.c. is checked give trust or en	nployer's name.	11.a. Nature of such dealing.	
Name		Provide health benefits to members	•
Trade Name, if any:		-	
Haue Name, II ally.			
P.O. Box, Bldg., Room No., if any	- Anna Primari Basil ( ) inggrafi ( ) in a sana ana ang ang ang ang ang ang ang ang	The state of the s	
Street			
City			
State	ZIP Code + 4	11.b. Approximate dollar value of such dealing.	\$0
		12.a. Nature of interest held or income received.	
		Expense reimbursement in connection International Foundation of Employ conference from 11-15/04 to 11-19-	ee Benefit Plans
			n programme prog
			- MAZ Armento Novers
		12,b. Amount.	\$2,236

Name of Person Filing Charles	LeConche	File Number U-

8. Name and address of Business (including trade name, if any	y). 9. Business deals with:
Name Laborers' International Union of NA LE	ECET a. Labor Organization
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	b. Trust
Street 905 16th Street, NW	c. Employer
City Washington	
State District of Columbia ZIP Code + 4 2000	0.6
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.
Name	National LECET which promotes labor management cooperation for its affiliates.
Trade Name, if any:	24-03-05-05-05-05-05-05-05-05-05-05-05-05-05-
P.O. Box, Bldg., Room No., if any	
Street	Virtual (CONTROL OF CONTROL OF CO
City	
State ZIP Code + 4	11.b. Approximate dollar value of such dealing. \$0
	12.a. Nature of interest held or income received.
	Individual value of dinner meeting allocated to each attendee.
	12.b. Amount. \$77

Name of Person Filing Charles	LeConche	File Number U-

8. Name and address of Business (include	ding trade name, if any).	9. Business deals with:	
Name Laborers' Internationa  Trade Name, if any:	1 Union of NA LECET	a. Labor Organization b. Trust	
P.O. Box, Bldg., Room No., if any		(T) a Francisco	
Street 905 16th Street, NW		c. Employer	
City Washington			
State District of Columbia	ZIP Code + 4 20006		
10. If 9.b. or 9.c. is checked give trust or em	ployer's name.	11.a. Nature of such dealing.	
Name		National LECET which promotes labo cooperation for its affiliates.	r management
Trade Name, if any:			The state of the s
P.O. Box, Bldg., Room No., if any			
Street			er en
City			
State	ZIP Code + 4	11.b. Approximate dollar value of such dealing.	\$0
		12.a. Nature of interest held or income received.	
		Individual value of dinner meeting each attendee.	
		12.b. Amount.	\$27

Name of Person Filing Charles LeConche	File Number U-
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8. Name and address of Business (including trade name, if any).  Name Laborers' International Union of NA LECET  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street 905 16th Street, NW  City Washington  State District of Columbia ZIP Code + 4 20006	9. Business deals with:  a. Labor Organization  b. Trust  c. Employer	
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	
Name Trade Name, if any:  P.O. Box, Bidg., Room No., if any Street City	National LECET which promotes labo cooperation for its affiliates.	r management
State ZIP Code + 4	11.b. Approximate dollar value of such dealing.	\$0
	12.a. Nature of interest held or income received.	jamen i hanji kamanin kata kata jamen manan m
	National LECET which promotes labo cooperation for its affiliates.	r management
	12.b. Amount.	\$111

## ADDENDA TO THE LM-30 FORM WHICH IS INCORPORATED AND MADE PART OF THE LM-30 FORM

#### ADDENDUM A (Unsolicited gifts or promotional items)

On several occasions in 2004, I recall that I was given (a) complimentary promotional item(s), such as a (clothing item, accessory or printed material w/with LIUNA logo, etc). At no time did I solicit such item(s), and they were sent to my office without my prior knowledge or authorization. I did not retain possession of any of these items nor did any member of my family. I have no knowledge as to the value of the item(s), and do not recall the manufacturer or provider of such (an) item(s).

#### ADDENDUM B (Unsalicited Holiday Gifts)

On several occasions in 2004, particularly during holiday seasons, I recall that I was given complimentary items, a (wine and cheese basket, fruit basket, holiday ham, holiday turkey, gournet foods, etc.). At no time did I solicit such item(s) and it/they were sent to my office without my prior knowledge or authorization. I did not retain possession of any of these items, as I shared them with the individuals in my office. My actions were in line with published Office of Government Ethics guidelines, which state "When it is not practical to return a tangible item because it is perishable, the item may, at the discretion of the employee's supervisor or an agency ethics official, be given to an appropriate charity, shared within the recipient's office, or destroyed." C.P.R. 2635 205

### ADDENDUM H (Union to Union Benefits)

I am not reporting any benefits that I may have received in 2004 from labor organizations affiliated with the Laborers' International Union of North America ("LIUNA"), my employer, or other labor organizations. My understanding of guidance received by the AFL-CIO from the Department of Labor is that benefits received from LIUNA-affiliated labor organizations and other labor organizations are not reportable on the LM-30 report, and I am following that guidance.

ADDENDUM E (Meals/Events with Friends)

I have personal friendships with individuals who may be employed by reportable entities under the LMRDA, which exist separate and apart from my role as a union officer/employee. In 2004, it is conceivable that I received the benefit of a meal, refreshment or social event from these individuals, which I did not report because I do not have any records of these personal encounters and/or have no specific recollection of any benefits received.